PROGRESS SHEET – APPLICATION FOR WATER RIGHT SURFACE WATER ☐ GROUND WATER

NAME: Mr. Gary L.Rencehause 2413 8th Ave. Lewiston, ID 83501 Home: 509-445-0565 Cell: 404-6				
☐ ASSIGNED (SEE BACK OF PAGE)				
GARFIELD COUNTY WRIA	A (35)		WRTS No. S3-30 ID No.	495
APPLICATION NO.: S3-30495 Date App rec'd: Sept. 6, 2005 Statement of additional exam. fee: \$		6, 2005 Sent:	ORITY DATE: Ser Amount \$50.00	ot. 6, 2005 Check No.: 1582 Rec'd:
PUBLICATION:				
Newspaper(s): the East Washingtonia	<u>n</u>			
OK'd by: <u>KT</u>		Date	Notice Sent 3-2	3-2006
Date Affidavit rec'd: May 15, 20	060	Time	expires: May	12, 2006
Date Affidavit rec'd: May 15, 20 Checked by:		Date	May 17, 2	006
Protests:		F	ee rec'd:	
INTERESTED PARTIES: WDFW State DOH County DO WDFW COMMENT: YES N FISH SCREEN: YES N	O Note:	OW PRO	VISO: YES	
OTHER COMMENT(S): FIELD EXAMINATION REQUIRED:				
EXAMINATION DATE ROE ISSUED	SUP. ROE ISS		PERMIT ISSUED	SUP. PERMIT ISSUED
DEVELOPMENT SCHEDULE: BC due: EXT to WELL LOG(S) RECEIVED: YES				
CC due: EXT to				
PA due: EXT to				
METER INSTALLED: YES				
FISH SCREEN INSTALLED: YES				
PA FIELD EXAMINATION REQUIRED Date examination made:	: YES :	NO		
APPROVED FOR CERTIFICATE:	YES :	NO		
Cert. fee: \$ Date letter s			ec'd:	Check No.:
Date Certificate issued:				

cc: WDFW; Nez Perce; ; www

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXISE TAX

Assignment received:	Assignment approved:			
Acciance:	Submitted to Department of Revenue			
Assignee:Address:	Date:			
Phone #:	mittal.			
Assignment received:	Assignment approved:			
Assignee:	Submitted to Department of Revenue			
Assignee:	Date:			
Address:Phone #:				
	Initial.			
Assignment received:	Assignment approved:			
Assignee:	Submitted to Department of Revenue			
Address:	Date:			
Phone #:				
Assignment received:	Assignment approved:			
Assignee:	Submitted to Department of Revenue			
Address:	Date:			
Phone #:	Initial:			
Assignment received:	Assignment approved:			
A sciones:	Submitted to Department of Revenue			
Assignee:	Date:			
Address:Phone #:				
Assignment received:	Assignment approved:			
Assignee:	Submitted to Department of Revenue			
Address:				
Phone #:	Initial:			
Assignment received:	Assignment approved:			
	Submitted to Department of December			
Assignee:	Date:			
Address:Phone #:				